

Patent Attorney's Docket No. <u>006338-017</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pa	tent Application of)					
Robert	B. HARRIS) Group Art Unit: 1653					
Applica	tion No.: 09/905,691) Examiner: Laurie A. Mayes					
Filed:	February 14, 2001	Confirmation No.: 8872					
-	ADSORPTION AND REMOVAL OF ENDOTOXIN FROM PHYSIOLOGICAL FLUIDS USING CATIONIC HELIX PEPTIDES	Confirmation No.: 8872 PECEIVED JUL 1 8 2003 JUL 1 8 2003 TECH CENTER 1600/20					
	AMENDMENT/REPLY TR	ANSMITTAL LETTER TECH					
P.O. Bo	osioner for Patents ox 1450 Iria, VA 22313-1450						
Sir:							
En	closed is a reply for the above-identified pate	ent application.					
[]	A Petition for Extension of Time is also	enclosed.					
[]	A Terminal Disclaimer and the [] \$55.00 C.F.R. § 1.20(d) are also enclosed.	0 (2814) [] \$110.00 (1814) fee due under 37					
[]	Also enclosed is/are						
[]	Small entity status is hereby claimed.						
[]	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).						
		ously unentered after final amendments <u>not</u> be requested based on the enclosed documents					
	[] Applicant(s) previously submitted requested.	_, on, for which continued examination is					
	does not exceed three months from	action by the Office until at least, which the filing of this RCE, in accordance with I fee under 37 C.F.R. § 1.17(i) is enclosed.					

Amendment/Reply Transmittal Letter Application No. <u>09/905,691</u> Attorney's Docket No. <u>006338-017</u> Page 2

[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.1	29(a)
	(1809/2809) is also enclosed.	

- [] No additional claim fee is required.
- [X] An additional claim fee is required, and is calculated as shown below:

		AMENDED	CLAIM	S	
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'L FEE
Total Claims	96	MINUS 20 =		× \$18.00 (1202) =	
Independent Claims	4	MINUS 3 =	1	× \$84.00 (1201) =	\$84.00
If Amendment adds m	ultiple depend	lent claims, add \$28	0.00 (1203)		
Total Claim Amendme	ent Fee	******			\$84.00
If small entity status is claimed, subtract 50% of Total Claim Amendment Fee					\$42.00
TOTAL ADDITION	AL CLAIM I	EE DUE FOR TH	IS AMENDM	TENT	\$42.00

[X]	A total	fee	in the	e amount of \$	42.00	is enclosed.
-----	---------	-----	--------	----------------	-------	--------------

[] Charge \$_____to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: July 16, 2003

Malcolm K. McGowan, Ph.D.

Registration No. 39,300

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620